

**STATE OF NEW HAMPSHIRE  
BUREAU OF EMERGENCY MEDICAL SERVICES  
REQUEST FOR EXAMINATION**

Bureau of EMS Course No. \_\_\_\_\_ Region \_\_\_\_\_

**EMT BASIC**

☐ N.H. Practical \_\_\_\_\_ Number of Students

☐ N.R. Written \_\_\_\_\_ Number of Students

List three dates by priority: (Subject to approval)

List three dates by priority: (Subject to approval)

Date/Time

Location

Date/Time

Location

1) \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

3) \_\_\_\_\_

**FIRST RESPONDER**

☐ N.H. Practical \_\_\_\_\_ Number of Students

☐ N.R. Written \_\_\_\_\_ Number of Students

List three dates by priority: (Subject to approval)

List three dates by priority: (Subject to approval)

Date/Time

Location

Date/Time

Location

1) \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

3) \_\_\_\_\_

Instructor/Coordinator \_\_\_\_\_ Contact Person \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

**THIS REQUEST IS TO BE SUBMITTED TO THE BUREAU FIELD OFFICE 30 DAYS PRIOR TO THE EXAM DATE. ALL DOCUMENTATION OF STUDENT ELIGIBILITY MUST BE PROVIDED A MINIMUM OF 5 DAYS PRIOR TO THE EXAM DATE.**

\_\_\_\_\_  
NH Bureau of EMS (Signature)

\_\_\_\_\_  
Date approved

C&E Sched. ☐